

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: AZITHROMYCIN DOSAGE FORMS WITH REDUCED
SIDE EFFECTS
Attorney Docket Number:: PC25240A
Suggested Drawing Figure::
Total Drawing Sheets:: 3

Inventor Information

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Timothy A.
Family Name:: Hagen
City of Residence:: East Lyme
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 309 Boston Post Road
City:: East Lyme
State or Province:: CT
Postal or Zip Code:: 06333
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Julian B.
Family Name:: Lo
City of Residence:: Old Lyme
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 20 Stagecoach Road
City:: Old Lyme
State or Province:: CT
Postal or Zip Code:: 06371
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Avinash G.
Family Name:: Thombre
City of Residence:: East Lyme
State or Prov of Residence:: CT
Country of Residence:: US

EXPRESS MAIL NO. EV271824045 US

Street:: 15 Mackinnon Place
City:: East Lyme
State or Province:: CT
Postal or Zip Code:: 06333
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Scott M.
Family Name:: Herbig
City of Residence:: East Lyme
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 39 Heritage Road
City:: East Lyme
State or Province:: CT
Postal or Zip Code:: 06333
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Leah Elizabeth
Family Name:: Appel
City of Residence:: Bend
State or Prov of Residence:: OR
Country of Residence:: US
Street:: 4051 Northcliff Drive
City:: Bend
State or Province:: OR
Postal or Zip Code:: 97701
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Marshall David
Family Name:: Crew
City of Residence:: Bend
State or Prov of Residence:: OR
Country of Residence:: US
Street:: 1986 NE Purser Lane
City:: Bend
State or Province:: OR
Postal or Zip Code:: 97701

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Dwayne Thomas
Family Name:: Friesen
City of Residence:: Bend
State or Prov of Residence:: OR
Country of Residence:: US
Street:: 60779 Currant Way
City:: Bend
State or Province:: OR
Postal or Zip Code:: 97702
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: David Keith
Family Name:: Lyon
City of Residence:: Bend
State or Prov of Residence:: OR
Country of Residence:: US
Street:: 20448 Klahani Drive
City:: Bend
State or Province:: OR
Postal or Zip Code:: 97702
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Scott Baldwin
Family Name:: McCray
City of Residence:: Bend
State or Prov of Residence:: OR
Country of Residence:: US
Street:: 63415 Saddleback
City:: Bend
State or Province:: OR
Postal or Zip Code:: 97701
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: James Blair
Family Name:: West
City of Residence:: Bend
State or Prov of Residence:: OR
Country of Residence:: US

Street:: 1511 NW Jacksonville Avenue
City:: Bend
State or Province:: OR
Postal or Zip Code:: 97701

Correspondence Information

Correspondence Customer Number:: 28523

Representative Information

Representative Customer Number:: 28523

Assignee Information

Assignee Name:: Pfizer Inc

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non Prov of Prov	60/527,084	12/04/03